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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Robert First name P. Middle name Martin Last name and Suffix (Sr., Jr., II, III)	Joan First name M. Middle name Ghiglieri Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or		
	maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8209	xxx-xx-8423

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Debtor 1 Debtor 2

Martin, Robert P. & Ghiglieri, Joan M.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	■ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		2 Bent Tree Ct Lake Zurich, IL 60047-8527 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Lake County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1	
Debtor 2	Mai

Martin, Robert P. & Ghiglieri, Joan M.

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Cha	apter 7					
		☐ Cha	apter 11					
		☐ Cha	apter 12					
			apter 13					
8.	How you will pay the fee	_ { 	I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.					
				ed to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The present in Installments (Official Form 103A).				
			ū	,	,	only if you are filing for Chapter 7. By law, a judge ma	v hutis	
		r)	not required t our family si	o, waive your fee, a ze and you are unat	nd may do so only if your income	e is less than 150% of the official poverty line that app). If you choose this option, you must fill out the <i>Appl</i>	olies to	
9.	Have you filed for bankruptcy within the last 8 years?	■ No.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by	■ No						
	an affiliate?		Debtor			Polationship to you		
			District		When	Relationship to you Case number, if known		
			Debtor		WIICH	Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your	■ No.	Go to I	ine 12.				
	residence?	☐ Yes	Has yo	ur landlord obtained	d an eviction judgment against y	ou and do you want to stay in your residence?		
		. 20		No. Go to line 12.				
				Yes. Fill out <i>Initial</i>	Statement About an Eviction Ju	adgment Against You (Form 101A) and file it with thi	3	

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Debtor 1	
Debtor 2	Martin, Robert P. & Ghiglieri, Joan M.

12.						
	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and loca	ion of business		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of busine			
	If you have more than one sole proprietorship, use a		Number, Street	, City, State & ZIP Code		
	separate sheet and attach it to this petition.		Check the appr	opriate box to describe your business:		
			☐ Health 0	Care Business (as defined in 11 U.S.C. § 101(27A))		
			☐ Single A	sset Real Estate (as defined in 11 U.S.C. § 101(51B))		
			☐ Stockbr	oker (as defined in 11 U.S.C. § 101(53A))		
			☐ Commo	dity Broker (as defined in 11 U.S.C. § 101(6))		
			☐ None of	the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriates. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement cons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedur 1116(1)(B).			
	For a definition of small	■ No.	I am not filing u	nder Chapter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing unde Code.	r Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am filing unde	r Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
	t 4: Report if You Own or	Have Any	Hazardous Prope	rty or Any Property That Needs Immediate Attention		
Par						
	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and identifiable	■ No. □ Yes.	What is the hazard	d? 		
	property that poses or is alleged to pose a threat of		What is the hazard If immediate atten needed, why is it n	tion is		

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Debtor 1 Debtor 2

Martin, Robert P. & Ghiglieri, Joan M.

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor	1	
D = - 4 =	\sim	

Martin, Robert P. & Ghiglieri, Joan M.

16.	What kind of debts do	16a.				e defined in 11 U.S.C.§ 101(8) as "incurred by an		
	you have?		individual primarily for a personal,	family, or household	d purpose."			
			□ No. Go to line 16b.					
		4.01	Yes. Go to line 17.					
		16b.	for a business or investment or th			ebts that you incurred to obtain money s or investment.		
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	nat are not consumer	debts or busin	ness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. 0	Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do yo paid that funds will be available to			roperty is excluded and administrative expenses are		
	administrative expenses		■ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000		□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		<u> </u>		<u> </u>		
		☐ 100-1		1 0,001-25,00	00	☐ More than100,000		
19.	How much do you estimate your assets to	□ \$0 - \$		\$1,000,001 -		\$500,000,001 - \$1 billion		
	be worth?		01 - \$100,000 001 - \$500,000	□ \$10,000,001 □ \$50,000,001		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million	□ \$100,000,00°				
20.	How much do you	□ \$0 - \$	50,000	\$ 1,000,001 -	\$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001		□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	\$50,000,001		—		
		— \$500,0	001 - \$1 million	□ \$100,000,00°	1 - \$500 millior	n More than \$50 billion		
Par	:7: Sign Below							
For	you	I have exa	amined this petition, and I declare u	under penalty of perju	ury that the info	ormation provided is true and correct.		
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request	relief in accordance with the chap	oter of title 11, United	d States Code,	e, specified in this petition.		
		case can		mprisonment for up t		ey or property by fraud in connection with a bankrupto both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.		
		Robert	P. Martin e of Debtor 1		Joan M. Gh Signature of D	higlieri		
		Executed	on August 24, 2017 MM / DD / YYYY		Executed on	August 24, 2017 MM / DD / YYYY		

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Debtor 1 Martin,	R
Debtor 2	uii,

Martin, Robert P. & Ghiglieri, Joan M.

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Paul Idlas	Date	August 24, 2017	
Signature of Attorney for Debtor		MM / DD / YYYY	
Paul Idlas			
Printed name			
Paul Idlas			
Firm name			
1099 N Corporate Cir			
Grayslake, IL 60030-1688			
Number, Street, City, State & ZIP Code			
Contact phone	Email address	paul@idlas.com	
- Contact priorio		paul @iuia3.com	
99999			
Bar number & State			

	stor 1 Martin, Robert P.	& Ghigil	eri, Joan M.	Case nu	mber (ri knoms)			
Par	6: Answer These Questi	ons for Re	porting Purposes					
18,	What kind of debts do you have?	16a.	Are your debts primarily consumed individual primarily for a personal, to	mer debts? Consumer debts are d lamily, or household purpose."	efined in 11 U.S.C.§ 101(8) as "incurred by an			
			No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily busing	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
			No. Go to line 16c.	ordu esa obesenas as usa presuese a	n washindir			
			Yes. Go to line 17.					
		16c.		ri ere not consumer debis or busine	es debis			
17.	Are you filing under Chapter 7?	□ No.	I am not tiling under Chapter 7. G	o to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do you paid that funds will be available to o	I am filing under Chapter 7. Do you estimate that after any exampt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?				
	administrative expenses are paid that funds will be		■ No					
	available for distribution to unsecured creditors?		□Yes					
18,	How many Creditors do	■ 1-4P		1,000-5,000	☐ 25.001-50.000			
	you estimate that you owe?	50-99		□ 50D1-10,00D	☐ 60,001-100,000			
		☐ 100-1 ☐ 200-9	• •	☐ 10,001-26,000	☐ More than 100,000			
19.		□ \$0 - \$	50.000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your essets to be worth?	□ \$50,001 - \$100,000		□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
			001 - \$500,000 004 - \$4 18	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		□ \$500,	001 - \$1 million	□ \$ 100/000/00 1 • \$500 milioù	Ci wase risu \$50 billion			
20.	How much do you estimate your liabilities to	□ so - s		■ 51,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	pos		101 - \$100,000 001 - \$500 000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 tillion			
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 millon		550,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion □ More than \$60 billion			
Fac	Sign Below							
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided to true and correct.						
		if I have d States Co	chosen to file under Chapter 7, I an ode. I understand the relief available	n aware that I may proceed, if eligit under each chepter, and I choose to	ole, under Chapter 7, 11,12, or 13 of tille 11. United 0 proceed under Chapter 7.			
		If no attor have obta	mey represents me end I did not pay lined and read the notice required by	or agree to pay someone who is no 11 U.S.C. § 342(b).	t an attorney to help me fill out this document, I			
I request relief in accordance with the chapter of title 11, United Status Code, specified in this petition.								
				aling property, or obtaining monay of property, or obtaining monay of the property of the prop	r property by fraud in connection with a bankruptcy th. 18 U.S.G. §§ 192, 1341, 1519, and 3571.			
		Robert Signature	P. Maylin o of Debtor 1	Joan M. Ghig Signature of De	glieri htor 2			
		Executed	August 24, 2017		August 24, 2017 MM / DD / YYYY			

Debter 1		0.0801			
	Robert P. Martin				
Debtor 2 (Spouse (f. 52np)	Joan M. Ghiglier	Middle Name	Lest Numbe		
United States Bar	nkruptcy Court for the:		PF ILLINOIS, EASTERN DIVI	SION	
Case number					Check if this is an amended filing
Official Form		n Individual I	Debtor's Sche	edules	12/15
You must file this obtaining money	form whenever you fil	a bankruptcy schedules or	amended achedules. Maki:	ig a false statement. c	oncepline ereneth er
years, or nout to	or property by traus in I U.S.C. §§ 162, 1341, 18 Below	Connection with a bankini	pley case can result in finer	up to \$250,030, or im	prisonment for up to 20
Sign	U.S.C. §§ 152, 1341, 18	19, and 3571.	otey case can result in fines	up to \$250,030, or lm	prisonment for up to 20
Bign Did you pay	U.S.C. §§ 152, 1341, 18	19, and 3571.	picy case can result in finer	picy forms? Attach Bankrupicy	prisonment for up to 20 Petition Preparer's Notice, ignature (Official Form 119)

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Debtor 1 Debtor 2 Martin, Ro	obert P. & Ghiglieri, Joan M.	Case number (# known)	
Lessor's namo:	Karl Court Associates, LLC		□ No
			■ Yes
Description of leased Property;	Industrial Building Lesse		
Sant B: Sign Below			
Under penalty of perju- property that is subjec-	ry, I doclare that I have indicated my intention ab t to an unexplied jease	out any property of my estate that sec	ures à debt and any personal
X		x	1:-
Robert P. Mart Signature of Debte		Joan M. Ghiglieri Signature of Debtor 2	Y
Date Augus	et 24, 2017	Date August 24, 2017	

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Debtor 2 Martin,	Robert P. & Ghiglieri, Joan M.	Case number (27)	known)
securing debt:			
For any unexpired p the information being	Unexpired Personal Property Lesses ersonal property lease that you listed in Schedule G: Er www.Do not list real estate leases. Unexpired lesses are is xpired personal property lease if the trustee does not as	DECE IMOT DIA CITI IN AFFAAM HI	in laces period has referred and it
Describe your uner	plred personal property leases	vergese in sec	Will the lease be assumed?
Lessor's name:	Karl Court Associates, LLC		□ No
Description of leased Property:	industrial Building Lease	·	■ Yes
Part 3. Sign Balo	W		
X Robert P./Ma		ny property of my estate that M Josin M. Ghigileri	secures a debt and any personal
Signature of De		Signature of Debtor 2	0.8

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Debtor 1 Debtor 2 Martin, Robert P. & Ghigileri, Joan M.			Case number(#known)		
		g or equity securities of a corporation			
■ Yes	. Check ell that apply above and fi	II in the dotalls below for each business.			
Busines		Describe the nature of the business	Employer Do not inc	identification number Jude Social Security number or ITIN.	
Address Glumber,	Street, City, State and ZIF Godo)	Name of accountant or bookkesper		iness exteted	
RL Gio	bai One USA LLC	Manufacturers representative	EIN:	20-3901798	
	Rand Rd Barrington, IL 60010-1496		From-To	Jan 2005 - March 2016	
	Lynktek Corp	Electronics Accessories	EIN:	46-2329773	
	iari Ct Unit B Inda, IL 60094-1081		From-To	May 2013 - Nov 2015	
	Lynktoe inc	Consumer electronics	EIN:	81-4268726	
	leri Ct Unit B onda, IL 60084-1081		From-To	Nov 2015 - present	
instituti No Ve Name Addres	ons, creditors, or other parties. Fill in the details below.	ptcy, did you give a financial sistement t			
Part 12: 8	ign Below				
true and con	rest. I understand that making a facase cap, result in (16es up to 5250, 182, 1847, 1878, and 3671. Wartin	inancial Affairs and any attachments, and iss statement, conceeding property, or of 000, or imprisonment for up to 20 years, m,	raining money (r panelly of perjury that the answers are or property by fraud in connection with a	
Date Aug	rust 24, 2017	Date August 24, 2017			
Did you atta No D Yes	ch additional pages to <i>Your Stater</i>	nent of Financial Affairs for individuals F	ülng for Bankru	ptey (Officia) Form 107)?	
Did you pay No Yes. Nam	•	ed an attorney to help you fill out bankru ruptcy Petition Preparer's Notice, Declaratio		(Official Form 119).	

United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:			Case No.
Martin, Robert P. & Ghigileri, Joan M.			Chapter 7
	Debtor(s)		•
	VERIFICATION O	F CREDITOR MATE	RIX
			Number of Creditors27
The above-named Debtor(s) hereby Date: August 24, 2017	verifies that the list of c	reditors is true and corr	rect to the best of my (our) knowledge.
Date. August 84, 2017	Debtor	m, k	l'L=
	Joint Debtor	<u> </u>	

B201B (Form 201B) (12/09)

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United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No
Martin, Robert P. & Ghiglieri, Joan M.	Chapter 7
	OF NOTICE TO CONSUMER DEBTOR(S) (b) OF THE BANKRUPTCY CODE
Certificate of [Non	-Attorney] Bankruptcy Petition Preparer
I, the [non-attorney] bankruptcy petition preparer signinotice, as required by § 342(b) of the Bankruptcy Cod	ing the debtor's petition, hereby certify that I delivered to the debtor the attached e.
Printed Name and title, if any, of Bankruptoy Petition Address:	petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
X	(Required by 11 U.S.C. § 110.)
partner whose Social Security number is provided abo	
	Certificate of the Debtor
I (We), the debtor(s), affirm that I (we) have received	and read the attached notice, as required by § 342(b) of the Bankruptcy Code.
	MA
Martin, Robert P. & Ghiglieri, Joan M. Printed Name(s) of Debtor(s)	Signature of Debtor Date
Lithten Limite(3) or Deptos(0)	Signapure of Debtor Date
	T / / .
Case No. (if known)	X Signature of Joint Debtod (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

	Case	17-25347	Doc 1-1	Filed 08/24/17 Rotated PDF		58:35	Desc At	tached
Fill	in this inforn	nation to identi	fy your case:					
Deb	otor 1	Robert P.	Martin					
Dok	otor 2	First Name	hialiani	Middle Name	Last Name	_		
1	use if, filing)	Joan M. G	inigheri	Middle Name	Last Name	-		
Uni	ted States Ba	nkruptcy Court f	or the: NOF	RTHERN DISTRICT OF I	LINOIS, EASTERN DIVISION	_		
	se number _						- 0	
(II KII	own)						_	if this is an led filing
	original forr		Il out a new Su		mation on this form. If you are fill ox at the top of this page.	ing amende	d schedules	after you file
							Your as	ssets what you own
1.		/B: Property (C e 55, Total real					\$	375,000.0
	1b. Copy lin	e 62, Total pers	onal property, f	rom Schedule A/B			\$	65,010.4
	1c. Copy lin	e 63, Total of all	property on Sc	hedule A/B			\$	440,010.4
Par	t 2: Summ	arize Your Liab	oilities					
							Your lia	bilities

Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 568,780.47 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 41,012.87 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F...... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &chedule E/F..... 525,487.67 Your total liabilities 1,135,281.01 Part 3: Summarize Your Income and Expenses Schedule I: Your Income(Official Form 106I) 4,505.74 Copy your combined monthly income from line 12 oSchedule I..... Schedule J: Your Expenses (Official Form 106J) 4.435.00 Copy your monthly expenses from line 22c of Schedule J.....

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 - ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 - Yes
- What kind of debt do you have?
 - Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.
 - Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Debtor 2 Martin, Robert P. & Ghiglieri, Joan M.

Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____6,870.42

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	41,012.87
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	41,012.87

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Ouse .	17 200-77 00	0	Rotated	PDF Page 17 of 72	10.00.00 D	eso / titaorica
Fill in this inform	nation to identify you			FIN FAUE IT OF TY		
Debtor 1	Robert P. Martir	1				
	First Name	Middle	Name	Last Name	 }	
Debtor 2 (Spouse, if filing)	Joan M. Ghiglie First Name	ri Middle	Name	Last Name		
. ,	nkruptcy Court for the:	NORTHERI	N DISTRICT	OF ILLINOIS, EASTERN DIVISION		
officed States Dai	ikruptcy Court for the.	HORTIER	N DIOTRIOT	OF ILLINOIS, EASTERN BIVISION		
Case number _						Check if this is an amended filing
						amended hing
Official For	rm 106A/B					
		nortv				
	e A/B: Pro		n accet cuby	once. If an asset fits in more than one	antonomy lint the annu	12/15
nformation. If more answer every quest	space is needed, attacl tion.	n a separate sh	eet to this for	ed people are filing together, both are em. On the top of any additional pages,		
Part 1: Describe E	Each Residence, Buildin	g, Land, or Oth	ner Real Estat	e You Own or Have an Interest In		
. Do you own or ha	ave any legal or equitab	le interest in an	ny residence,	building, land, or similar property?		
☐ No. Go to Part	2.					
Yes. Where is	the property?					
1.1				e property? Check all that apply		
2 Bent Tre	e Ct		Dun	gle-family home plex or multi-unit building	the amount of any se	ed claims or exemptions. Put ecured claims on <i>Schedule D:</i>
Street address, i	if available, or other description	on	ш :	dominium or cooperative	Creditors Who Have	Claims Secured by Property.
			_	nufactured or mobile home		
Lake Zurio	h IL 60	047-8527	☐ Iviai		Current value of the entire property?	Current value of the portion you own?
City	State	ZIP Code	=	estment property	\$375,000.0	
			_	eshare		of your ownership interest
			☐ Othe	n interest in the property? Check one	(such as fee simple a life estate), if kno	, tenancy by the entireties, or wn.
			_	otor 1 only	Fee Simple	
Lake				otor 2 only		
County			_	otor 1 and Debtor 2 only		community property
				east one of the debtors and another rmation you wish to add about this iten	(see instructions)	
				dentification number:	., 53511 45 10041	
2 Add the dolla	ar value of the nortion	VOII OWN for	all of your e	entries from Part 1, including any e	ntries for nages	
				g any e		\$375,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Debtor 1 Debtor 2	Martin, Robert P. & Ghiglieri	, Joan M. Ca	ase number (if known)	
. Cars, var	ns, trucks, tractors, sport utility ve	hicles, motorcycles		
□ No				
Yes				
3.1 Make	: Honda	Who has an interest in the property? Check one		claims or exemptions. Put
Mode	: CR-V	Debtor 1 only		red claims on Schedule D: aims Secured by Property.
Year:	2015	■ Debtor 2 only	Current value of the	Current value of the
Appro	oximate mileage: 25000	☐ Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other	information:	\square At least one of the debtors and another		
		Check if this is community property (see instructions)	\$23,210.00	\$23,210.00
	Usundai		Do not deduct secured	claims or exemptions. Put
3.2 Make:	0	Who has an interest in the property? Check one	the amount of any secu	red claims on Schedule D:
Mode		Debtor 1 only	Creditors Who Have Cl	aims Secured by Property.
Year:		Debtor 2 only	Current value of the entire property?	Current value of the
	eximate mileage: 26000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	illeringien.	At least one of the deptors and another		
		☐ Check if this is community property (see instructions)	\$30,936.00	\$30,936.00
		(see instructions)		
Mode Year: Other		☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Charle if this is community are party.	Creditors Who Have Cl Current value of the entire property? \$2,500.00	Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$2,500.00	\$2,500.00
you have Part 3: Des	e attached for Part 2. Write that nu cribe Your Personal and Household It	erest in any of the following items?		\$56,646.00 Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	, , , , , , , , , , , , , , , , , , , ,	,		
■ Yes. [ensils, pots and pans, table, chairs, beds, ond other misc household goods	dressers,	\$2,000.0
. Electroni Example: □ No		o, stereo, and digital equipment; computers, printers, s nedia players, games	scanners; music collections	; electronic devices
	Describe			

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Debtor 1 Debtor 2 Martin	Rotated PDF Page 19 of 72 , Robert P. & Ghiglieri, Joan M. Case number (if known)	
	DVD player, 4 TV's, camera, phones, games	\$1,400.00
	es and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or l tions, memorabilia, collectibles	baseball card collections; other
9. Equipment for sp Examples: Sports instrur ■ No □ Yes. Describe.	, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and ments	kayaks; carpentry tools; musica
□ No	ls, rifles, shotguns, ammunition, and related equipment	
Yes. Describe.	3 rifles	\$400.00
	3 rifles	\$200.00
11. Clothes	day clothes, furs, leather coats, designer wear, shoes, accessories Clothes	\$350.00
	Clothes	\$400.00
12. Jewelry Examples: Every □ No ■ Yes. Describe.	day jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold,	silver
Tes. Describe.	Jewelry	\$100.00
	Jewelry	\$500.00
□ No	, cats, birds, horses	
Yes. Describe.	Dog	\$5.00
■ No □ Yes. Give spec	value of all of your entries from Part 3, including any entries for pages you have attached for nat number here	\$5,355.00
Part 4: Describe You	ır Financial Assets	
	e any legal or equitable interest in any of the following?	Current value of the

portion you own?
Do not deduct secured claims or exemptions.

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Debtor 1 Debtor 2	Martin, Robert P. &	Ghiglieri, Joan M.		Case number (if known)	
☐ No		•	safe deposit box, and on hand wh	hen you file your petition	
■ Yes				Cash	\$50.00
Exam			ertificates of deposit; shares in cr the same institution, list each.	edit unions, brokerage houses, and o	other similar
□ No ■ Yes			Institution name:		
	17.1.	Checking Account	Chase		\$0.00
	17.2.	Savings Account	Chase		\$300.00
	17.3.	Checking Account	First American Bank		\$200.00
	17.4.	Checking Account	First American Bank		\$500.00
	17.5.	Checking Account	First American Bank		\$200.00
	17.6.	Checking Account	First American Bank		\$500.00
	17.7.	Checking Account	First American Bank		\$200.00
	17.8.	Checking Account	First American Bank		\$200.00
Examp ■ No	•	ent accounts with brokerage	e firms, money market accounts		
19. Non-p u joint v	ublicly traded stock and venture	Institution or issuer name interests in incorporated		es, including an interest in an LLC	;, partnership, and
□ No ■ Yes.		about them me of entity: vnctech Inc		% of ownership:%	\$400.00
Negoti	<i>iable instrument</i> s include p	ersonal checks, cashiers' c	and non-negotiable instrumenthecks, promissory notes, and mosomeone by signing or delivering	ney orders.	
■ No □ Yes.	Give specific information a	about them suer name:			
	ment or pension account ples: Interests in IRA, ERI		thrift savings accounts, or other	pension or profit-sharing plans	

Official Form 106A/B Schedule A/B: Property

page 4

Case 17-25347 Doc 1-1 Filed 08/24/17 Entered 08/24/17 13:58:35 Desc Attached Rotated PDF Page 21 of 72 Debtor 1 Martin, Robert P. & Ghiglieri, Joan M. Case number (if known) Debtor 2 Yes. List each account separately. Type of account: Institution name: **IRA Fidelity** \$459.43 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

Schedule A/B: Property

Beneficiary:

Surrender or refund

page 5

value:

Official Form 106A/B

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

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Dala	Rotated PDF Page 22 of 72	
	btor 1 btor 2 Martin, Robert P. & Ghiglieri, Joan M. Ca	se number (if known)
	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are curren died.	tly entitled to receive property because someone has
	■ No	
	☐ Yes. Give specific information	
	Claims against third parties, whether or not you have filed a lawsuit or made a demand for parties. Accidents, employment disputes, insurance claims, or rights to sue	payment
_	■ No	
	☐ Yes. Describe each claim	
24 6	Other contingent and unliquidated claims of every nature, including counterclaims of the de	bhter and rights to set off claims
_	■ No	ebior and rights to set on claims
	☐ Yes. Describe each claim	
35 <i>I</i>	Any financial assets you did not already list	
_	No	
_	☐ Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you	have attached for \$3,009.43
	Part 4. Write that number here	40,000.40
Part	rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Pa	art 1.
27 D	Do you own or have any legal or equitable interest in any business-related property?	
	No. Go to Part 6.	
_	Yes. Go to line 38.	
_	2 100. 00 to mile 60.	
Part	tt 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.	
40.		
	Do you own or have any legal or equitable interest in any farm- or commercial fishing-related No. Go to Part 7.	ed property?
	Yes. Go to line 47.	
	165. GO to line 47.	
Part	Describe All Property You Own or Have an Interest in That You Did Not List Above	
	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	
	■ No	
	☐ Yes. Give specific information	
54.	. Add the dollar value of all of your entries from Part 7. Write that number here	\$0.00
Dort	t 0. List the Tatala of Each Dart of this Form	
Part	tt 8: List the Totals of Each Part of this Form	
55.	Part 1: Total real estate, line 2	\$375,000.00
56.	Part 2: Total vehicles, line 5 \$56,646.00	
57.		
58.		
59.		
60.		
61.	Part 7: Total other property not listed, line 54 + \$0.00	
62.	Total personal property. Add lines 56 through 61 \$65,010.43 Cop	y personal property total \$65,010.43
63.	. Total of all property on Schedule A/B. Add line 55 + line 62	\$440,010,43

Official Form 106A/B Schedule A/B: Property

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Debtor 1 Debtor 2

Martin, Robert P. & Ghiglieri, Joan M.

Case number (if known)

Official Form 106A/B Schedule A/B: Property page 7

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			ROIAIEU PD		Paue 74 UL 17		
Fil	l in this inform	ation to identify your o	ase:				
De	btor 1	Robert P. Martin					
		First Name	Middle Name	L	ast Name	}	
	ebtor 2 ouse if, filing)	First Name	Middle Name		ast Name		
(Sp	ouse II, IIIIIIg)	i iist ivaille					
Un	ited States Ban	kruptcy Court for the:	NORTHERN DISTRICT OF	ILLIN	OIS, EASTERN DIVISION		
Ca	se number						
	(nown)						Check if this is an
							amended filing
∩ı́	fficial For	m 106C					
50	chedule	e C: The Pro	pperty You Cla	im	as Exempt		4/16
orop out	perty you listed o	on <i>Schedule A/B: Prope</i>	rty (Official Form 106A/B) as yo	ur sou	r, both are equally responsible for supurce, list the property that you claim a ary. On the top of any additional page	s exempt. If	more space is needed, fill
spe app un o a	ecific dollar am blicable statuto ds—may be ur	ount as exempt. Altern ry limit. Some exempti ilimited in dollar amou lar amount and the val	atively, you may claim the fu ons—such as those for healt nt. However, if you claim an e	II fair h aid exem	unt of the exemption you claim. O market value of the property beir s, rights to receive certain benefit ption of 100% of fair market value be exceed that amount, your exempt	ng exempted s, and tax-e under a law	d up to the amount of any exempt retirement that limits the exemption
Pa	rt 1: Identify	the Property You Cla	im as Exempt				
1.	Which set of	exemptions are you cla	aiming? Check one only, even	if you	r spouse is filing with you.		
	Vou are clai	iming state and federal n	onbankruptcy exemptions. 11 l	180	8 522(b)(3)		
	_	· ·		J.J.C	. § 322(b)(3)		
	☐ You are clai	iming federal exemptions	. 11 U.S.C. § 522(b)(2)				
2.	For any prope	erty you list on Schedu	ule A/B that you claim as exer	npt, f	ill in the information below.		
		on of the property and line hat lists this property	e on Current value of the portion you own	Am	ount of the exemption you claim	Specific la	ws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
De	ebtor 1 Exem	ptions					
			\$375,000.00		\$15,000.00	735 ILC	S 5/12-901
	2 Bent Tree			_	·		
	County : La	IL, 60047-8527		П	100% of fair market value, up to any applicable statutory limit		
	Line from Scho				any applicable statutory limit		
	Honda		\$23,210.00		\$2,400.00	735 ILC	S 5/12-1001(c)
	CR-V 2015				100% of fair market value, up to		
	25000			_	any applicable statutory limit		
	Line from Scho	edule A/B: 3.1			, , ,		
	Hyundai					72E II C	S 5/12-1001(c)
	Genesis		\$30,936.00		\$2,400.00	733 ILC	5 5/12-1001(C)
	2015				100% of fair market value, up to		
	26000				any applicable statutory limit		
	Line from School	edule A/B: 3.2					
	Ebbtide		¢2 500 00	_	\$4.0E0.00	735 ILC:	S 5/12-1001(b)
	2000		\$2,500.00		\$1,250.00		

☐ 100% of fair market value, up to any applicable statutory limit

Line from Schedule A/B: 4.1

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Appliances, utensils, pots and pans, table, chairs, beds, dressers, lamps,	\$2,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
	couch and other misc household goods Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	DVD player, 4 TV's, camera, phones, games	\$1,400.00		\$700.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B. 7.1			100% of fair market value, up to any applicable statutory limit	
	3 rifles Line from Schedule A/B 10.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
	Line Iron Schedule A/L 10.1			100% of fair market value, up to any applicable statutory limit	
	Clothes Line from Schedule A/B: 11.1	\$350.00		\$350.00	735 ILCS 5/12-1001(b)
	Line non donedate / V.S. T.T.			100% of fair market value, up to any applicable statutory limit	
	Jewelry Line from Schedule A/B. 12.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
				100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B 16.1	\$50.00		\$25.00	735 ILCS 5/12-1001(b)
	2.10 10.11 33.104.10 7 12.10 1			100% of fair market value, up to any applicable statutory limit	
	Chase Line from Schedule A/B. 17.2	\$300.00		\$47.50	735 ILCS 5/12-1001(b)
	2.10 1011 001/044/07/02 1712			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption o (Subject to adjustment on 4/01/19 and every 3 y			on or after the date of adjustment.)	
	No Yes Did you acquire the property covered	by the exemption within	. 1 21	5 days hafara you filed this sees?	
	Yes. Did you acquire the property covered No	by the exemption within	1 1,∠1	o days before you filed this case?	
	☐ Yes				

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					9		
Fil	I in this information to identify	y your case:					
De	ebtor 1						
_	First Name		Middle Name	L	ast Name	}	
	botor 2 Joan M. GI First Name		Middle Name	L	ast Name		
Ur	nited States Bankruptcy Court fo	or the: NOR	THERN DISTRICT OF	ILLIN	OIS, EASTERN DIVISION		
	ase number known)						Check if this is an amended filing
0	fficial Form 106C						
S	chedule C: The	Prope	ty You Cla	im	as Exempt		4/16
oro out	perty you listed on Schedule A/E	3: Property (Office	cial Form 106A/B) as yo	ur sou	r, both are equally responsible for su urce, list the property that you claim a ury. On the top of any additional page	as exempt. If i	more space is needed, fill
app app iun	ecific dollar amount as exempt olicable statutory limit. Some of ds—may be unlimited in dolla	t. Alternatively exemptions—s ar amount. Hov	, you may claim the fu such as those for healt vever, if you claim an e	II fair h aid: exemp	unt of the exemption you claim. C market value of the property being s, rights to receive certain benefing tion of 100% of fair market valued be exceed that amount, your exem	ng exempted ts, and tax-e under a law	l up to the amount of any kempt retirement that limits the exemption
Pa	rt 1: Identify the Property	You Claim as E	xempt				
1.	Which set of exemptions are	you claiming	? Check one only, even	if you	r spouse is filing with you.		
	You are claiming state and f	ederal nonbank	ruptcy exemptions. 11 l	U.S.C	. § 522(b)(3)		
	☐ You are claiming federal exe	emptions. 11 U	.S.C. § 522(b)(2)				
2.	For any property you list on	Schedule A/B	that you claim as exer	npt, f	ill in the information below.		
	Brief description of the property Schedule A/B that lists this prop		Current value of the portion you own	Am	ount of the exemption you claim	Specific lav	ws that allow exemption
	Schedule A/D that lists this prop	Jer ty	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
D€	ebtor 2 Exemptions Ebbtide 2000		\$2,500.00		\$1,250.00	735 ILCS	5 5/12-1001(b)
	Line from Schedule A/B: 4.1				100% of fair market value, up to any applicable statutory limit		
	Appliances, utensils, potable, chairs, beds, dres		\$2,000.00		\$1,000.00	735 ILC	5 5/12-1001(b)
	couch and other misc ho goods Line from Schedule A/B 6.1				100% of fair market value, up to any applicable statutory limit		
	DVD player, 4 TV's, came	era, phones,	\$1,400.00		\$700.00	735 ILCS	5 5/12-1001(b)
	games Line from Schedule A/B: 7.1		<u> </u>	_	100% of fair market value, up to any applicable statutory limit		
	3 rifles Line from Schedule A/B: 10.2		\$200.00		\$200.00	735 ILCS	5 5/12-1001(b)
	Line nom concurr A/D. 10.2						

Official Form 106C

☐ 100% of fair market value, up to any applicable statutory limit

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Clothes Line from Schedule A/B 11.2	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
				100% of fair market value, up to any applicable statutory limit	
	Jewelry Line from Schedule A/B 12.2	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
	Elle Holli Schedule A/L. 12.2			100% of fair market value, up to any applicable statutory limit	
	Dog Line from Schedule A/B 13.1	\$5.00		\$5.00	735 ILCS 5/12-1001(b)
	Line Holli Schedule A/L 13.1			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B 16.1	\$50.00		\$25.00	735 ILCS 5/12-1001(b)
	Elle Holli Schedule A/L 10.1			100% of fair market value, up to any applicable statutory limit	
	Chase Line from Schedule A/B: 17.2	\$300.00		\$47.50	735 ILCS 5/12-1001(b)
	Ellic Holli Gonedale AVE. 11.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3			on or after the date of adjustment.)	
	■ No	,			
	Yes. Did you acquire the property covere	d by the exemption within	n 1,21	5 days before you filed this case?	
	□ No	, ,	,	, ,	
	П Уес				

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			Rotated PDF	Page 2	28 of 72		
Filli	in this informa	tion to identify your	r case:				
Deb	tor 1	Robert P. Martin	1 Middle Name	Last Name			
Deb	tor 2	Joan M. Ghiglie					
	use if, filing)	First Name	Middle Name	Last Name			
Unite	ed States Bank	ruptcy Court for the:	NORTHERN DISTRICT OF ILLII	NOIS, EAS	TERN DIVISION		
Case	e number					1	
(if kno						_	if this is an led filing
Offi	cial Form	106D					3
Scl	hedule [): Creditors	Who Have Claims S	<u>Secure</u>	d by Propert	У	12/15
	ed, copy the Ado		f two married people are filing together , number the entries, and attach it to th				
1. Do	any creditors ha	ave claims secured by	your property?				
I	☐ No. Check th	nis box and submit thi	s form to the court with your other sch	nedules. You	u have nothing else to re	port on this form.	
ı	Yes. Fill in al	Il of the information be	elow.				
Part	1 ist All 9	Secured Claims					
			nore than one secured claim, list the credit	tor congratoly	, Column A	Column B	Column C
for ea	ach claim. If more	e than one creditor has	a particular claim, list the other creditors in all order according to the creditor 's name	in Part 2. As ´	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Capital One	e Auto	Describe the property that secures th	e claim:	\$40,598.07	\$30,936.00	\$9,662.07
	Finance Creditor's Name		2015 Hyundai Genesis	e ciaiii.	<u> </u>		40,002.01
			2010 Hyundar Genesis				
	PO Box 605 City of Indu	istry, CA	As of the date you file, the claim is: Clapply.	heck all that			
	91716-0511		Contingent				
	Number, Street, C	ity, State & Zip Code	Unliquidated				
Who	owes the debt	? Check one.	Disputed Nature of lien. Check all that apply.				
	ebtor 1 only		 An agreement you made (such as moderal loan) 	ortgage or se	ecured		
_	ebtor 2 only	0 1	_ ′				
	ebtor 1 and Debt	debtors and another	☐ Statutory lien (such as tax lien, mech☐ Judgment lien from a lawsuit	nanic's lien)			
_	theck if this clain		☐ Other (including a right to offset)				
	community debt						
Date	debt was incurr	red	Last 4 digits of account number	er <u>0542</u>			
2.2	Chasa Ham	ne Mortgage	Describe the property that secures th	e claim:	\$498,771.82	\$375,000.00	\$123,771.82
2.2	Creditor's Name	ie wortgage	2 Bent Tree Ct, Lake Zurich, 60047-8527		Ψ490,771.02	φ3/3,000.00	ψ123,771.02
	PO Box 246	696					
	Columbus,		As of the date you file, the claim is: Clapply.	heck all that			
	43224-0696	<u> </u>	☐ Contingent				
	Number, Street, C	city, State & Zip Code	☐ Unliquidated				
Who	owes the debt	? Check one	☐ Disputed Nature of lien. Check all that apply.				
_	ebtor 1 only	T Griddik Grid.	An agreement you made (such as m	ortgage or se	ecured		
	ebtor 2 only		car loan)		· · · · · · ·		
	ebtor 1 and Debt	or 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
		debtors and another	☐ Judgment lien from a lawsuit	- ,			
	Check if this clain community debt			Mortgage			
Date	debt was incurr	red	Last 4 digits of account number	er 4026			

Official Form 106D

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Debt	or 1 Robert P. Martin		Cas	se number (f know)		
	First Name Middle N	lame Last Name				
Debt	or 2 Joan M. Ghiglieri First Name Middle N	lame Last Name				
2.3	Honda Financial Services	Describe the property that secures th	e claim:	\$29,410.58	\$23,210.00	\$6,200.58
	Creditor's Name	2015 Honda CR-V				
	PO Box 5308 Elgin, IL 60121	As of the date you file, the claim is: C apply. Contingent	heck all that			
·	Number, Street, City, State & Zip Code	☐ Unliquidated☐ Disputed				
Who	owes the debt? Check one.	Nature of lien. Check all that apply.				
_	ebtor 1 only ebtor 2 only	An agreement you made (such as m car loan)	ortgage or secured	I		
D D	ebtor 1 and Debtor 2 only least one of the debtors and another	☐ Statutory lien (such as tax lien, mech☐ Judgment lien from a lawsuit	nanic's lien)			
	heck if this claim relates to a ommunity debt	Other (including a right to offset)	Vehicle			
Date	debt was incurred	Last 4 digits of account number	er <u>4030</u>			
Add t	the dollar value of your entries in Co	lumn A on this page. Write that number	here:	\$568,780.47	7	
If this	s is the last page of your form, add the that number here:	. •		\$568,780.47		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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				Rotated	1 PDF	Page 30 of	72	•			
Fill	in this informa	ation to identify your cas	se:								
Deb	otor 1	Robert P. Martin									
		First Name	Middle	e Name		Last Name		}			
	otor 2	Joan M. Ghiglieri									
(Spo	use if, filing)	First Name	Middle	e Name		Last Name					
Uni	ted States Bank	kruptcy Court for the:	NORTHE	RN DISTRI	CT OF ILLIN	NOIS, EASTERN	DIVISION				
Cas	se number							ĺ			
	nown)								Check	if this is a	n
									amend	ed filing	
∩ff	icial Form	106E/E									
		F: Creditors Wh	o Hav	a linea	cured C	`laime				12/1	5
		accurate as possible. Use i						DDIODITY -I			
): Ci he C	reditors Who Hav	ry Contracts and Unexpire we Claims Secured by Prope to this page. If you have wn).	perty. If mo	re space is r	needed, copy	the Part you need	I, fill it out, number the	e entries in t	he boxes	on the lef	t. Attach
Par	t 1: List All	of Your PRIORITY Unse	ecured Cla	aims							
1.	Do any creditors	s have priority unsecured of	claims aga	inst you?							
	☐ No. Go to Par	rt 2.									
	Yes.										
2.	identify what type possible, list the	priority unsecured claims. It is of claim it is. If a claim has claims in alphabetical order and creditor holds a particular	both priority according to	and nonprior the creditor	rity amounts, 's name. If yo	list that claim here a ou have more than to	and show both priority a	nd nonpriority	y amounts	s. As much	as
		on of each type of claim, see									
	(i oi aii oxpianaii	on or odon type or oldin, ooc				on donor boomon,	Total claim	Priority amount		Nonprior amount	ity
2.1		Revenue Service		Last 4 digits	of account	number	\$35,000.00	\$35,	00.00		\$0.00
	Priority Cred	litor's Name		When was t	he debt incu	rred?					
	PO Box 7	7346		TTHOIT WAS E	no dobt mod			-			
		ohia, PA 19101									
		eet City State ZIp Code		As of the da	te you file, tl	he claim is: Check	all that apply				
	_	the debt? Check one.		☐ Continge	nt						
	Debtor 1 onl	ly		☐ Unliquida	ted						
	Debtor 2 onl	ly		☐ Disputed							
	Debtor 1 and	d Debtor 2 only		Type of PRI	ORITY unsec	cured claim:					
	☐ At least one	of the debtors and another		☐ Domestic	support oblig	gations					
	☐ Check if thi	s claim is for a community	y debt	■ Taxes an	d certain othe	er debts you owe the	e government				
	Is the claim su	bject to offset?		☐ Claims fo	r death or pe	rsonal injury while y	ou were intoxicated				
	■ No			Other. Sp	ecify						
	Πvoc			•		1 tayos					

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Priority Creditor's Name	Last 4 digits of account number 9031	\$6,012.87	\$6,012.87	\$0.0
Thomas Greation's Name	When was the debt incurred?			
18 N County St Rm 102 Waukegan, IL 60085-4304				
Number Street City State Zlp Code	As of the date you file, the claim is: Check all tha	t apply		
Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 only	☐ Unliquidated			
Debtor 2 only	☐ Disputed			
■ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
☐ At least one of the debtors and another	☐ Domestic support obligations			
☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the gove	rnment		
s the claim subject to offset?	☐ Claims for death or personal injury while you we	re intoxicated		
No	☐ Other. Specify			
☐Yes	Property tax			
Yes. ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each claim.	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i	t is. Do not list claims a	Iready included in Part	1. If more
nsecured claim, list the creditor separately for each cl	alphabetical order of the creditor who holds each	t is. Do not list claims a	Iready included in Part ill out the Continuation	1. If more Page of Pa
Yes. st all of your nonpriority unsecured claims in the issecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprid	t is. Do not list claims a	Iready included in Part	1. If more Page of Pa
Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other ADT Security Services Inc Nonpriority Creditor's Name	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprious Last 4 digits of account number 6154	t is. Do not list claims a	Iready included in Part ill out the Continuation	1. If more Page of Pa
Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprid	t is. Do not list claims a	Iready included in Part ill out the Continuation	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprious Last 4 digits of account number 6154	t is. Do not list claims a	Iready included in Part ill out the Continuation	1. If more Page of Pa
Yes. St all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprious Last 4 digits of account number 6154	t is. Do not list claims a prity unsecured claims f	Iready included in Part ill out the Continuation	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.lf you have more than three nonprice. Last 4 digits of account number 6154 When was the debt incurred?	t is. Do not list claims a prity unsecured claims f	Iready included in Part ill out the Continuation	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352 Number Street City State Zlp Code	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.lf you have more than three nonprice. Last 4 digits of account number 6154 When was the debt incurred?	t is. Do not list claims a prity unsecured claims f	Iready included in Part ill out the Continuation	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352 Number Street City State Zlp Code Who incurred the debt? Check one.	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.lf you have more than three nonprice. Last 4 digits of account number 6154 When was the debt incurred? As of the date you file, the claim is: Check all	t is. Do not list claims a prity unsecured claims f	Iready included in Part ill out the Continuation	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352 Number Street City State Zip Code Who incurred the debt? Check one.	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim is creditors in Part 3.If you have more than three nonprior. Last 4 digits of account number 6154 When was the debt incurred? As of the date you file, the claim is: Check all	t is. Do not list claims a prity unsecured claims f	Iready included in Part ill out the Continuation	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.lf you have more than three nonprice. Last 4 digits of account number 6154 When was the debt incurred? As of the date you file, the claim is: Check all Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	t is. Do not list claims a prity unsecured claims f	Iready included in Part ill out the Continuation	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprice. Last 4 digits of account number 6154 When was the debt incurred? As of the date you file, the claim is: Check all Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	t is. Do not list claims a prity unsecured claims f	Iready included in Partill out the Continuation Total clain	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.lf you have more than three nonprice. Last 4 digits of account number 6154 When was the debt incurred? As of the date you file, the claim is: Check all Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreer	t is. Do not list claims a prity unsecured claims f	Iready included in Partill out the Continuation Total clain	1. If more Page of Pa
ADT Security Services Inc Nonpriority Creditor's Name C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community	alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprice. Last 4 digits of account number 6154 When was the debt incurred? As of the date you file, the claim is: Check all Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans	t is. Do not list claims a prity unsecured claims f	Iready included in Partill out the Continuation Total clain	1. If more Page of Pa

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Martin, Robert P. & Ghiglieri, Joan	n M.	Case number (if know)	
Advocate Good Shepherd Hospital Nonpriority Creditor's Name	Last 4 digits of account number	6694	\$1,736.52
rionphony croancremanne	When was the debt incurred?		
PO Box 4248			
Carol Stream, IL 60197 Number Street City State Zlp Code	_ As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the olding	is. Oncor all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	,	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Medical		
Advocate Medical Group	Last 4 digits of account number	3798	\$202.00
Nonpriority Creditor's Name	When was the debt incurred?		
PO Box 92523	when was the dept incurred:		
Chicago, IL 60675			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	and the same of th	
■ No		ng plans, and other similar debts	
Yes	Other. Specify Medical		
AT&T	Last 4 digits of account number	5059	\$107.36
Nonpriority Creditor's Name	When was the debt incurred?		
PO Box 769			
Arlington, TX 76004			
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only			
<u> </u>	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	d claim:	
At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans	u ciaiiii.	
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	aradon agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify		
	- Other. Specify		

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Debto	Martin, Robert P. & Ghiglieri, Joan	n M	Case number (f know)	
4.5	Capital One	Last 4 digits of account number	3417	\$10,203.92
	Nonpriority Creditor's Name	When was the debt incurred?		
	PO Box 30285 Salt Lake City, UT 84130	_		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		
4.6	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	7753	\$409.34
		When was the debt incurred?		
	PO Box 6492			
	Carol Stream, IL 60197-6492 Number Street City State Zlp Code			
	Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	<u> </u>	-		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u>d</u>	
4.7	Capital One Retail Services	Last 4 digits of account number	1832	\$628.64
	Nonpriority Creditor's Name	When was the debt incurred?		
	PO Box 30258 Salt Lake City, UT 84130-0258	The was the about mountain		
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	in a signature of the s	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	ı	

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Debto	Martin, Robert P. & Ghiglieri, Joan	n M.	Case number (f know)		
4.8	Chase	Last 4 digits of account number	6979	\$4,453.74	
	Nonpriority Creditor's Name	When was the debt incurred?			
	PO Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐Yes	Other Specify Credit card	<u> </u>		
4.9	Chase Nonpriority Creditor's Name	Last 4 digits of account number	0309	ent or divorce that you did not ther similar debts \$15,692.06 and apply ent or divorce that you did not ther similar debts \$1,967.61	
	realistic realist and	When was the debt incurred?			
	PO Box 15298				
	Wilmington, DE 19850	- Acceptable to the control of the state of			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim			
	_				
	■ Debtor 1 only	Contingent			
	☐ Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharin	a plane, and other similar debts		

	Yes	Other. Specify Credit card			
4.10	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number	1453	\$1,967.61	
	Nonphonty Creditors Name	When was the debt incurred?			
	PO Box 182125 Bankruptcy Dept Columbus, OH 43218	_			
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	■ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure			
	Check if this claim is for a community	Student loans			
	debt	Obligations arising out of a sepa			
	Is the claim subject to offset?	report as priority claims	a place and other similar 3-5-5		
	No	Debts to pension or profit-sharin			
	Yes	Other. Specify Credit card			

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Debtor	Martin, Robert P. & Ghiglieri, Joan	n M.	Case number (if know)	
1.11	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number	3235	\$565.05
	Nonpriority Creditor's Name	When was the debt incurred?		
	PO Box 182125 Bankruptcy Dept Columbus, OH 43218			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	<u> </u>	
12	Comenity Bank Nonpriority Creditor's Name	Last 4 digits of account number	3624	\$4,080.61
		When was the debt incurred?		
	PO Box 182125 Bankruptcy Dept Columbus, OH 43218	_		
	Number Street City State ZIp Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one. ☐ Debtor 1 only	_		
	_	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	□ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	<u> </u>	
13	Comenity Bank	Last 4 digits of account number	7185	\$546.52
	Nonpriority Creditor's Name	When was the debt incurred?		
	PO Box 182125 Bankruptcy Dept Columbus, OH 43218	When was the dest incurred:		
	Number Street City State ZIp Code	As of the date you file, the claim is	s: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	<u> </u>	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Other. Specify Credit card		

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Martin, Robert P. & Ghiglieri, Joan	n M. Case number (f know)	
Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	\$100,000.0
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 7346		
Philadelphia, PA 19101	_	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify 2011 taxes	
Kohls	Last 4 digits of account number	\$2,920.0
Nonpriority Creditor's Name	<u> </u>	· /
DO D	When was the debt incurred?	
PO Box 3043 Milwaukee, WI 53201		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
☐ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
■ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Student loans	
☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify	
	Other: Specify	
Kohls	Last 4 digits of account number 1299	\$3,096.3
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 3043	Then was the dest incurred.	
Milwaukee, WI 53201		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Credit card	

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Debto	Martin, Robert P. & Ghiglieri, Joan	M	Case number (f know)						
4.17	Lake Cook Orthopedics Nonpriority Creditor's Name	Last 4 digits of account number	2732	\$700.00					
	C/O Forest Recovery Services, LLC PO Box 83	When was the debt incurred?							
	Barrington, IL 60011-0083 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify							
4.18	Lake Zurich Police - Photo Enforcement	Last 4 digits of account number	1722	\$400.00					
	Nonpriority Creditor's Name C/O NCI	When was the debt incurred?		• • • • • • • • • • • • • • • • • • • •					
	3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008-3106 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Oncok all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	■ Debtor 1 and Debtor 2 only	☐ Disputed							
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	_	☐ Student loans						
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not						
	No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify							
4.19	Lynktec, Inc	Last 4 digits of account number		\$206,563.77					
	Nonpriority Creditor's Name	When was the debt incurred?							
	1230 Karl Ct Unit B Wauconda, IL 60084-1081								
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	■ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt		ration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Loan							

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Debto		M. Case number (f know)	
4.20	Lynktec, Inc	Last 4 digits of account number	\$163,818.31
	Nonpriority Creditor's Name	When was the debt incurred?	
	1230 Karl Ct Unit B Wauconda, IL 60084-1081 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	Other. Specify	
4.21	Macy's Nonpriority Creditor's Name	Last 4 digits of account number 2260	\$690.81
	Horpholity Ground of Hamo	When was the debt incurred?	
	PO Box 8053 Banruptcy Processing Mason, OH 45040		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.22	Nordstrom	Last 4 digits of account number 7122	\$1,957.19
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 13589 Scottsdale, AZ 82567	Their was the dest meaned:	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	■ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
	_	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	Other. Specify Credit card	

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Martin, Robert P. & Gniglieri, Joan		
Shahid Ilahi MD SC	Last 4 digits of account number 8366	\$1,004.00
Nonpriority Creditor's Name	When was the debt incurred?	
22285 N Pepper Rd Ste 303		
Lake Barrington, IL 60010-2541	_	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
■ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
_	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical	
Synchrony Bank	Last 4 digits of account number 6669	\$667.69
Nonpriority Creditor's Name	<u> </u>	***************************************
DO Day 005000 Attm. Dankey mto.	When was the debt incurred?	
PO Box 965060 Attn: Bankruptcy Dept		
Orlando, FL 32896		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit card	
Synchrony Bank	Last 4 digits of account number 8561	\$701.45
Nonpriority Creditor's Name		4.01.10
DO D. COPPOSE A (1) D. C. C. C. C. C. C. C. C	When was the debt incurred?	
PO Box 965060 Attn: Bankruptcy		
Dept Orlando, FL 32896		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
■ Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Dobligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	■ Other. Specify Credit card	

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Debtor 1 Debtor 2	Martin,	Robert P. & Ghiglieri, Jo	an M.		number (f know)			
	TMobile Nonpriority Ci	editor's Name	Last 4 digits of account number	3616	<u>.</u>	\$1,505.10		
I		8410 WA 98015 It City State Zlp Code	When was the debt incurred? As of the date you file, the claim	a is: Chock	vall that apply			
		the debt? Check one.	As of the date you me, the claim	i is. Offect	Сан шасарру			
I	Debtor 1 c	nly	☐ Contingent					
I	Debtor 2 o	nly	☐ Unliquidated					
I	Debtor 1 a	nd Debtor 2 only	☐ Disputed					
I	At least or	e of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
		his claim is for a community	Student loans					
	debt s the claim s —	subject to offset?	report as priority claims		reement or divorce that you did not			
	No		☐ Debts to pension or profit-shar	ing plans,	and other similar debts			
I	☐ Yes		Other. Specify					
Part 3:	List Othe	rs to Be Notified About a Del	ot That You Already Listed					
is trying have m	g to collect for the collect f	om you for a debt you owe to se	about your bankruptcy, for a debt that omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1 o	or 2, then list the collection agency h	ere. Similarly, if you		
Name and			On which entry in Part 1 or Part 2 did yo					
Conver PO Box			` '	Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims				
	, WA 980	57	,	Part 2:	Creditors with Nonpriority Unsecured C	laims		
			Last 4 digits of account number	30	616			
Name and			On which entry in Part 1 or Part 2 did yo					
Illinois PO Box		n Service Inc			Creditors with Priority Unsecured Claim			
		0477-9110	l l	Part 2:	Creditors with Nonpriority Unsecured C	laims		
			Last 4 digits of account number	60	694			
Part 4:	Add the	Amounts for Each Type of Ui	nsecured Claim					
	e amounts ounsecured o		ims. This information is for statistical	reporting	purposes only. 28 U.S.C. §159. Add t	he amounts for each		
		B		•	Total Claim			
Total clai	6a ms	Domestic support obligation	s	6a.	\$			
from Pa		. Taxes and certain other deb	s you owe the government	6b.	\$ 41,012.87			
	60	•	injury while you were intoxicated	6c.	\$ 0.00			
	60	 Other. Add all other priority un 	secured claims. Write that amount here.	6d.	\$			
	66	e. Total Priority. Add lines 6a th	rough 6d.	6e.	\$\$			
	6f	Student loans		6f.	Total Claim \$ 0.00			
Total clai	ms	6g. Obligations arising out of a separation agreement or divorce that			0.00			
	6h	you did not report as priority	r claims naring plans, and other similar debts	6g. 6h.	\$ 0.00 \$ 0.00			
	6i	•	unsecured claims. Write that amount	6i.				
	G.	here.	,	 -	\$ 525,487.67	\neg		
	6j	Total Nonpriority. Add lines 6	if through 6i.	6j.	\$ 525,487.67			

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		131711337	171 1717
Fill in this inform	mation to identify your	case:	
Debtor 1	Robert P. Martin		
	First Name	Middle Name	Last Name
Debtor 2	Joan M. Ghiglier	i	
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION
Case number (if known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Karl Court Associates, LLC
1230 Karl Ct
Wauconda, IL 60084-1081

State what the contract or lease is for
Industrial Building Lease

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Fill in this info	ormation to identify your o	ase:			
Debtor 1	Robert P. Martin				
	First Name	Middle Name	Last Name		}
Debtor 2 (Spouse if, filing)	Joan M. Ghiglieri	Middle Name	Last Name		
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN	DIVISION	
Case number					
(if known)					☐ Check if this is an
					amended filing
Official F	orm 106H				
	e H: Your Code	ohtore			40/45
Scriedui	e II. Tour Cour	501013			12/15
and number th case number (the left. Attach the Addition (puestion.	onal Page to this page. (On the top of any Ad	opy the Additional Page, fill it out, Iditional Pages, write your name and
□ No ■ Yes					
	the last 8 years, have you Idaho, Louisiana, Nevada,				states and territories include Arizona,
■ No. Go	to line 3.				
_	d your spouse, former spous	e, or legal equivalent live wi	ith you at the time?		
line 2 aga	in as a codebtor only if the hedule E/F (Official Form	at person is a guarantor o	or cosigner. Make sure y	ou have listed the o	with you. List the person shown in creditor on Schedule D (Official Forn ule E/F, or Schedule G to fill out
	umn 1: Your codebtor e, Number, Street, City, State and Zi	IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt les that apply:
2 B	oert Martin ent Tree Ct wthorn Woods, IL 6004	7-8527		☐ Schedule D,☐ Schedule E/I☐ Schedule G☐ Karl Court Ass	F, line 2.1

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Fill	in this information t	o identify your cas	se:							
Del	btor 1	Robert P. Ma	rtin							
1	btor 2 ouse, if filing)	Joan M. Ghig	ylieri			_				
Uni	ited States Bankrup	otcy Court for the:	NORTHERN DISTRIC	CT OF ILLINOIS, EA	ASTERN	_				
	se number nown)							ded filing	ng postpetition owing date:	chapter 13
0	fficial Form	1061					MM / DD	YYYY		
S	chedule I:	Your Inco	me							12/15
sup spo atta	plying correct info use. If you are sep ch a separate shee	ormation. If you a parated and your	ole. If two married peop re married and not filing spouse is not filing with the top of any addition	g jointly, and your h you, do not inclu	spouse is ide inform	livin ation	g with you, incl about your spo	ude inform use. If mo	nation about y re space is ne	our eded,
1.	Fill in your empl information.	oyment		Debtor 1			Debto	2 or non-f	filing spouse	
	If you have more t		Employment status*	■ Employed			■ Em	■ Employed		
	attach a separate information about		Employment status	☐ Not employed			☐ Not	☐ Not employed		
	employers.		Occupation	See Schedule Attached				_		
	Include part-time, self-employed wo		Employer's name				Lynkt	ec Inc		
	Occupation may homemaker, if it a		Employer's address					Karl Ct onda, IL	60084-1081	
Pal	rt 2: Give De	tails About Mont	How long employed th		ttachment	for A	Additional Empl	oyment Inf	ormation	
Esti		ome as of the date	e you file this form. If yo	ou have nothing to re	eport for an	y line	, write \$0 in the s	pace. Inclu	de your non-fili	ng spouse
	ou or your non-filing s ce, attach a separate		than one employer, comb	oine the information	for all empl	oyers	for that person o	n the lines l	below. If you ne	eed more
							For Debtor 1		ebtor 2 or ling spouse	
2.			, and commissions (before culate what the monthly was		2.	\$	500.00	_ \$	500.00	
3.	Estimate and lis	t monthly overtin	ne pay.		3.	+\$	0.00	+\$_	0.00	•
4.	Calculate gross	Income. Add line	2 + line 3.		4.	\$	500.00	\$_	500.00	

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	tor 1 tor 2	Martin, Robert P. & Ghiglieri, Joan M.	_	C	ase r	number (<i>if k</i>	nown) -				
					For	Debtor 1				Debtor 2 filing spe		
	Cop	y line 4 here	4.		\$	50	0.00	<u>) </u>	\$	5	00.00	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a	l .	\$	7	4.00)	\$		74.00	
	5b.	Mandatory contributions for retirement plans	5b	٠.	<u>\$</u> —		0.00	_	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c		\$		0.00	_	\$		0.00	•
	5d.	Required repayments of retirement fund loans	5d	١.	\$ [—]		0.00	_	\$		0.00	•
	5e.	Insurance	5e		\$		0.00	_	\$		0.00	•
	5f.	Domestic support obligations	5f.		\$		0.00)	\$		0.00	
	5g.	Union dues	5g	١.	\$ [—]		0.00	_	\$		0.00	•
	5h.	Other deductions. Specify: cash advance	5h		\$		0.00	_	- \$	4	00.00	•
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$ 	474	4.00	_)	\$	4	74.00	•
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$		6.00	_	\$		26.00	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		. \$				\$			
	8b.	Interest and dividends	8b		_{\$} —		0.00 0.00	_	Ψ_		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			*— \$		0.00	_	\$ \$	4,4	53.74	
	8d.	Unemployment compensation	8d	l.	\$		0.00	<u> </u>	\$		0.00	
	8e.	Social Security	8e		\$		0.00)	\$		0.00	•
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	_)_	\$		0.00	
	8g.	Pension or retirement income	8g	١.	\$		0.00)	\$		0.00	
	8h.	Other monthly income. Specify:	8h	.+	\$ <u></u>		0.00	<u>)</u> +	· \$		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$			0.00)	\$	4,	453.74	ı.
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		26.00]+[\$	1 1	79.74 =	\$	4.505.74
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		20.00	$\ \cdot\ $	–		13.14	-	4,303.74
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your differences or relatives. ot include any amounts already included in lines 2-10 or amounts that are not av	epende								+\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain					,			Ľ		4,505.74
13.	Do y □	ou expect an increase or decrease within the year after you file this form No.	?								Combin nonthly	ed / income
		Yes. Explain: Robert Martin Consulting contract is a short te households with housing expense for each.	rm co	ntı	act	and the	ir m	ay	be tw	o sepai	ate	

Official Form 106I Schedule I: Your Income page 2

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Debtor 1 Debtor 2	Martin, Robert P. & Ghiglieri, Joan M.	Case number (if known)	

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Chief Operations Officer	
Name of Employer	Lynktec Inc	
How long employed	5 years	
Address of Employer	1230 Karl Ct	
	Wauconda, IL 60084-1081	
Debtor		
	O 14 4	

Debtor		
Occupation	Consultant	
Name of Employer	Self employed	
How long employed	2 months	
Address of Employer		

Official Form 106I Schedule I: Your Income page 3

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en e	in this inform	ation to identify	21.1r 00001			İ		
		ation to identify yo						
Deb	tor 1	Robert P. M	artin			Che □	eck if this is: An amended filing	
Deb	tor 2	Joan M. Ghi	glieri				•	ing postpetition chapter 13
(Spo	ouse, if filing)						expenses as of the	
Unit	ed States Bank	ruptcy Court for the		HERN DISTRICT OF ILLIN RN DIVISION	OIS,		MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	orm 106J				I		
So	chedule	J: Your	 Expen	ises				12/15
Be a	as complete ormation. If m	and accurate as	possible. eded, attac	If two married people are ch another sheet to this fo	filing together, both orm. On the top of a	h are equa iny additio	lly responsible for s nal pages, write you	supplying correct ur name and case number
Par 1.	t 1: Desc	ribe Your House	hold					
١.	□ No. Go to							
	_	es Debtor 2 live i	n a senara	ite household?				
		lo	•		(O	-11-1 D -1-1	0	
	ЦΥ	es. Debtor 2 mu	st file Offici	al Form 106J-2, Expenses	for Separate Housen	ioldof Debto	or 2.	
2.	Do you hav	e dependents?	☐ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Son		18	Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.	expenses o	penses include f people other tl d your depende	nan ${}_{\sqsubset}$	No Yes				
exp	imate your ex		our bankru	y Expenses optcy filing date unless yo o is filed. If this is a supple				
valu		sistance and ha		government assistance if ged it on Schedule I: Your I			Your exp	enses
4.		or home owners		ses for your residence. In lot.	clude first mortgage	4.	\$	0.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	, or renter's	sinsurance		4b.	:	100.00
				ıpkeep expenses		4c.	·	0.00
_		eowner's associat			o o o o o o i i i i i i i i i i i i i i	4d. 5.	·	0.00
ລ.	ACCUITIONALI	norruage payme	tor vo	ur residence, such as hon	ie equity toans	5	\$	0.00

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Debtor 1 Debtor 2	Martin, Robert P. & Ghiglieri, Joan M.	Case number (if known)	
S. Utiliti	es:		
6a.	Electricity, heat, natural gas	6a. \$	150.00
6b.	Water, sewer, garbage collection	6b. \$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	95.00
6d.	Other. Specify: Garbage	6d. \$	20.00
Food	and housekeeping supplies	7. \$	400.00
Child	care and children's education costs	8. \$	0.00
Cloth	ing, laundry, and dry cleaning	9. \$	125.00
). Perso	onal care products and services	10. \$	25.00
. Medi	cal and dental expenses	11. \$	300.00
Do no	sportation. Include gas, maintenance, bus or train fare. ot include car payments.	12. \$	400.00
	tainment, clubs, recreation, newspapers, magazines, and books	13. \$	150.00
. Chari	itable contributions and religious donations	14. \$	80.08
	ot include insurance deducted from your pay or included in lines 4 or 20.	 15a. \$	0.00
	Life insurance	· <u> </u>	0.00
	Health insurance	15b. \$	675.00
	Vehicle insurance	15c. \$	400.00
	Other insurance. Specify:	15d. \$	0.00
Speci	·	16. \$	0.00
	Ilment or lease payments: Car payments for Vehicle 1	17a. \$	681.00
	Car payments for Vehicle 2	17b. \$	834.00
	Other. Specify: 1040 ES	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report		0.00
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106		0.00
	payments you make to support others who do not live with you.	\$	0.00
Speci	fy:	19.	
	real property expenses not included in lines 4 or 5 of this form or on S		
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
. Other	r: Specify:	21+\$	0.00
2. Calcu	ulate your monthly expenses		
	Add lines 4 through 21.	\$	4,435.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106.		., 100100
	Add line 22a and 22b. The result is your monthly expenses.	\$	4,435.00
			7,733.00
	ulate your monthly net income.		_
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	4,505.74
23b.	Copy your monthly expenses from line 22c above.	23b\$	4,435.00
00	O blood and worth a manage from the state of		
23c.	Subtract your monthly expenses from your monthly income.	23c. \$	70.74
	The result is your monthly net income.	200. [Ψ	
For ex	bu expect an increase or decrease in your expenses within the year after ample, do you expect to finish paying for your car loan within the year or do you expect cation to the terms of your mortgage?		e or decrease because of a
■ No).		
П Үе			

				_
Fill in this infor	mation to identify your	case:		
Debtor 1	Robert P. Martin			1
	First Name	Middle Name	Last Name	}
Debtor 2 (Spouse if, filing)	Joan M. Ghiglier	Middle Name	Last Name	
	ankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS, EASTERN DIVISION	
	., .,		·	j .
Case number (if known)				Check if this is an amended filing
If two married po You must file thi obtaining money years, or both. 1	eople are filing together is form whenever you fi y or property by fraud i l8 U.S.C. §§ 152, 1341, 1	, both are equally responsible for the bankruptcy schedules or among connection with a bankruptcy	ebtor's Schedules or supplying correct information. ended schedules. Making a false state case can result in fines up to \$250,00	
Sig	ın Below			
Did you pa	ay or agree to pay some	one who is NOT an attorney to	help you fill out bankruptcy forms?	
■ No				
☐ Yes. I	Name of person			nkruptcy Petition Preparer's Notice, nn, and Signature (Official Form 119)
•	alty of perjury, I declare re true and correct.	that I have read the summary a	nd schedules filed with this declaration	on and
X /s/ Ro	bert P. Martin		X /s/ Joan M. Ghiglieri	
	rt P. Martin		Joan M. Ghiglieri	
Signatu	ure of Debtor 1		Signature of Debtor 2	
Date	August 24, 2017		Date _August 24, 2017	

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Fill	in this inforn	nation to identify your	case:				
Deb	otor 1	Robert P. Martin	Middle Name		Last Name		
Deb	otor 2	Joan M. Ghiglie		'	Last Name		
(Spo	use if, filing)	First Name	Middle Name	I	_ast Name		
Uni	ted States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLIN	OIS, EASTERN DIV	SION	
Cas	se number						
	nown)						Check if this is an mended filing
							3
∩f	ficial Fo	rm 107					
			Affairs for Indivi	duals	Filing for B	ankruptcy	4/16
						qually responsible for supply additional pages, write your i	
(if kı	nown). Answ	er every question.					
Par	t 1: Give D	Details About Your Ma	rital Status and Where You	Lived B	efore		
1.	What is you	r current marital status	s?				
	Married						
	☐ Not mai	ried					
2.	During the la	ast 3 years, have you l	lived anywhere other than v	where yo	ou live now?		
	-						
	■ No □ Yes. Lis	t all of the places you liv	red in the last 3 years. Do not	include w	where you live now		
		, ,	·		,		Data - Dahta - O
	Debtor 1 Pr	ior Address:	Dates Debtor 1 there	livea	Debtor 2 Prior Ad	aress:	Dates Debtor 2 lived there
3.	Within the la	ıst 8 vears, did vou ev	er live with a spouse or leg	ıal equiv	alent in a communit	y property state or territory?	(Community property
state						o, Texas, Washington and Wis	
	■ No						
	_	ake sure you fill out <i>Sche</i>	edule H: Your Codebtors (Offi	icial Form	n 106H).		
Par	t 2 Explai	n the Sources of Your	Income				
4.	Fill in the tota	al amount of income you	ployment or from operating a received from all jobs and a ave income that you receive to	all busine	sses, including part-t		ar years?
	□ No						
		I in the details.					
			Debtor 1	0	- !	Debtor 2	Onese la como
			Sources of income Check all that apply.	(befo	s income re deductions and sions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until	■ Wages, commissions,		\$28,722.00	■ Wages, commissions,	\$2,000.00
the	date you file	d for bankruptcy:	bonuses, tips			bonuses, tips	
			☐ Operating a business			☐ Operating a business	

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Debtor 1 Debtor 2	artin, Rober	t P. & Ghi	glieri, Joan M.		ase number (if known)		
			5				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc		Gross income (before deductions and exclusions)
For last calen (January 1 to		, 2016)	■ Wages, commissions, bonuses, tips	\$18,000.00	■ Wages, combonuses, tips	ımissions,	\$18,000.00
			☐ Operating a business		☐ Operating a	business	
For the calendary 1 to			■ Wages, commissions, bonuses, tips	\$21,969.00	Wages, combonuses, tips	ımissions,	\$0.00
			☐ Operating a business		☐ Operating a	business	
■ No	source and the		ne from each source separatel	y. Do not include income the	at you listed in line 4.		
_ 100.	1 111 111 1110 1101		5 14.4		51/ 6		
			Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
Part 3: Lis	t Certain Pavı	ments You I	Made Before You Filed for E	Bankruptcy			
□ No.	Neither Deb individual pring the 9th No. Yes	tor 1 nor De marily for a p 0 days before Go to line 7. List below ea creditor. Do payments to adjustment of	e debts primarily consumer ebtor 2 has primarily consumer ersonal, family, or household personal, family, or household personal, family, or household personal, family, or household personal, family, or household person you filed for bankruptcy, did not include payments for don an attorney for this bankruptcy on 4/01/19 and every 3 years at both have primarily consuitable.	mer debts. Consumer debt purpose." you pay any creditor a total of \$6,425* or more in nestic support obligations, by case. after that for cases filed on of	of \$6,425* or more? n one or more payme such as child suppo	ents and the tota rt and alimony	al amount you paid that
■ Yes.	During the 9	0 days before	e you filed for bankruptcy, did		of \$600 or more?		
	■ Yes		ach creditor to whom you paid r domestic support obligations				
Creditor	's Name and <i>I</i>	Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this pa	ayment for
Honda PO Box	Financial Se 5308	ervices	3 pymts of \$681/mo	\$0.00	\$29,410.58	☐ Mortgage	e

Elgin, IL 60121

■ Car

☐ Credit Card ☐ Loan Repayment \square Suppliers or vendors

□ Other

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DOL				, ,		
	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	yment for
	Capital One Auto Finance	3 pymts of \$834/mo	\$0.00	\$40,598.07	☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Rep ☐ Suppliers ☐ Other	ard payment
	Within 1 year before you filed for bankruptour Insiders include your relatives; any general part which you are an officer, director, person in conbusiness you operate as a sole proprietor. 11 U No Yes. List all payments to an insider.	ners; relatives of any generator, or owner of 20% or mo	al partners; partnershipre of their voting secu	ps of which you are rities; and any mana	a general part aging agent, in	ner; corporations of cluding one for a
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosig No Yes. List all payments to an insider Insider's Name and Address		ments or transfer an	Amount you		that benefited an
	misider 3 Name and Address	bates of payment	paid	still owe	Include cred	
Par	4: Identify Legal Actions, Repossession	s, and Foreclosures				
	Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, fo	reclosed, garnishe	ed, attached,	seized, or levied?
	Creditor Name and Address	Describe the Property Explain what happened	d	Date		Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details.		luding a bank or fina	ncial institution, s	set off any am	ounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date a	action was	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

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	btor 1 btor 2 Martin, Robert P. & Ghiglieri		M. Case number	(if known)	
Pai	rt 5: List Certain Gifts and Contribution	ns			
13.	Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift.	ruptcy,	did you give any gifts with a total value of more th	an \$600 per person?	
	Gifts with a total value of more than \$6 person	•	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	t			
14.	□ No		did you give any gifts or contributions with a total	value of more than \$6	600 to any charity?
	Yes. Fill in the details for each gift or or	ontributi	on.		
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co		Describe what you contributed	Dates you contributed	Value
	Heritage Church 255 Quentin Rd Lake Zurich, IL 60047-1604				\$960.00
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pa	rt 7: List Certain Payments or Transfer	's			
16.	consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p	prepari	id you or anyone else acting on your behalf pay on ng a bankruptcy petition? , or credit counseling agencies for services required in		/ to anyone you
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Paul R. Idlas 1099 N Coporate Corcle Grayslake, IL 60030			6-20-17	\$1,435.00
	Paul R. Idlas 1099 N Coporate Corcle Grayslake, IL 60030			7/14/17	\$1,400.00

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	tor 1 Martin, Robert P. & Ghiglieri, Joan	n M.	Case numb	DEF (if known)	
17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you lis	or to make payments to your cre		or transfer any property	<i>t</i> to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address	Description and value of any transferred	property	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers made gifts and transfers that you have already listed on No Yes. Fill in the details.	siness or financial affairs? e as security (such as the granting of			
	Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	payme	be any property or nts received or debts exchange	Date transfer was made
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No No Yes. Fill in the details.		to a self-settled t	trust or similar device of	which you are a
	Name of trust	Description and value of the	property transfe	erred	Date Transfer was made
Par	8: List of Certain Financial Accounts, Instr	ruments, Safe Deposit Boxes, and	l Storage Units		
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa No Yes. Fill in the details.	other financial accounts; certifica	ites of deposit; s		
		Last 4 digits of Type of a cacount number instrume		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ar before you filed for bankruptc	,, any safe depos	sit box or other deposito	ry for securities,
	■ No □ Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, Sta and ZIP Code)		he contents	Do you still have it?
22.	Have you stored property in a storage unit or	,	in 1 year before y	you filed for bankruptcy	?
	□ No				
	Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, Str		he contents	Do you still have it?
	Wauconda Storage	and ZIP Code)	Lawn trac	ctor w/ plow, cartop nisc personal	□ No ■ Yes

Case 17-25347 Doc 1-1 Filed 08/24/17 Entered 08/24/17 13:58:35 Desc Attached Rotated PDF Page 54 of 72 Debtor 1 Martin, Robert P. & Ghiglieri, Joan M. Case number (if known) Debtor 2 Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Anne Ghiglieri **Stemway Grand Piano** \$0.00 Storage unit has some inventory belonging to Lynktec Inc Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No ☐ Yes. Fill in the details. Environmental law, if you Date of notice Name of site Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. ☐ Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

An officer, director, or managing executive of a corporation

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☐ Yes

■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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Debtor 1	Robert P. Martin		
Debtor 2	First Name Middle Nat Joan M. Ghiglieri	me Last Name	
(Spouse if, filing)	First Name Middle Nar	ne Last Name	
United States Ba	nkruptcy Court for the: NORTHERN	DISTRICT OF ILLINOIS, EASTERN DIVISION	
Case number _ (if known)			☐ Check if this is an amended filing
			Ŭ
Official Fo	rm 108		
		dividuals Filing Under Chapte	er 7
		<u></u>	
	vidual filing under chapter 7, you mus	t fill out this form if:	
	e claims secured by your property, or ed personal property and the lease ha	s not expired.	
You must file this	s form with the court within 30 days af ver is earlier, unless the court extends	ter you file your bankruptcy petition or by the date set f s the time for cause. You must also send copies to the c	
		both are equally responsible for supplying correct info	rmation. Both debtors must sign
	te the form.	. ,	· ·
	and accurate as possible. If more spac our name and case number (if known).	e is needed, attach a separate sheet to this form. On the	top of any additional pages,
Part 1: List Yo	our Creditors Who Have Secured Clair	ns	
		e D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the
information be Identify the cre	elow. editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's C	Capital One Auto Finance	☐ Surrender the property.☐ Retain the property and redeem it.	□ No
		■ Retain the property and enter into a <i>Reaffirmation</i>	■ Yes
Description of property	2015 Hyundai Genesis	Agreement. ☐ Retain the property and [explain]:	
securing debt:		Tetain the property and [explain].	_
Creditor's C	hase Home Mortgage	Surrender the property.	□ No
name:		Retain the property and redeem it.	■ Yes
Description of		☐ Retain the property and enter into a <i>Reaffirmation</i> Agreement.	. 55
property securing debt:	60047-8527	☐ Retain the property and [explain]:	
2004.1119 4001.			_
Creditor's H	londa Financial Services	☐ Surrender the property.	□ No
name:		☐ Retain the property and redeem it.	
Description of	2015 Honda CR-V	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property		Agreement. ☐ Retain the property and [explain]:	

Official Form 108

Fill in this information to identify your case:

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	btor 1 btor 2	artin, Robert P. & Ghiglieri, Joan M.		Case number (if known	
5	securing de	bt:			_
Pa	rt 2: Lis	t Your Unexpired Personal Property Leases			
the	information	oired personal property lease that you listed on below. Do not list real estate leases. Unex an unexpired personal property lease if the t	pired leases are leases	that are still in effect; the lea	
De	scribe you	r unexpired personal property leases			Will the lease be assumed?
Les	ssor's name	E Karl Court Associates, LLC			□ No
					■ Yes
	scription of operty:	leased Industrial Building Lease			
Pa	rt 3: Sig	n Below			
		of perjury, I declare that I have indicated m	y intention about any _l	property of my estate that sec	cures a debt and any personal
Χ	/s/ Rob	ert P. Martin	X /s/ .	Joan M. Ghiglieri	
	Robert	P. Martin		n M. Ghiglieri	
	Signatur	e of Debtor 1	Sigr	Signature of Debtor 2	
	Date	August 24, 2017	Date	August 24, 2017	

Entered 08/24/17 13:58:35 Desc Attached Case 17-25347 Doc 1-1 Filed 08/24/17 Rotated PDF Page 58 of 72 United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No
Martin, Robert P. & Ghiglieri, Joan M.	Chapter 7
Debtor(s)	•

VERIFICATION OF CREDITOR MATRIX

Number of Creditors2		Number	of	Creditors	2
----------------------	--	--------	----	-----------	---

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 24, 2017 /s/ Robert P. Martin Debtor

> /s/ Joan M. Ghiglieri Joint Debtor

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ADT Security Services Inc C/O Transworld Systems Inc 802 E Martintown Rd Ste 201 North Augusta, SC 29841-5352

Advocate Good Shepherd Hospital PO Box 4248 Carol Stream, IL 60197-0000

Advocate Medical Group PO Box 92523 Chicago, IL 60675-0000

AT&T PO Box 769 Arlington, TX 76004-0000

Capital One PO Box 6492 Carol Stream, IL 60197-6492

Capital One PO Box 30285 Salt Lake City, UT 84130-0000

Capital One Auto Finance PO Box 60511 City of Industry, CA 91716-0511 Capital One Retail Services PO Box 30258 Salt Lake City, UT 84130-0258

Chase PO Box 15298 Wilmington, DE 19850-0000

Chase Home Mortgage PO Box 24696 Columbus, OH 43224-0696

Comenity Bank
PO Box 182125 Bankruptcy Dept
Columbus, OH 43218-0000

Convergent PO Box 9004 Renton, WA 98057-0000

Honda Financial Services PO Box 5308 Elgin, IL 60121-0000

Illinois Collection Service Inc PO Box 1010 Tinley Park, IL 60477-9110 Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-0000

Karl Court Associates, LLC 1230 Karl Ct Wauconda, IL 60084-1081

Kohls PO Box 3043 Milwaukee, WI 53201-0000

Lake Cook Orthopedics C/O Forest Recovery Services, LLC PO Box 83 Barrington, IL 60011-0083

Lake County Collector 18 N County St Rm 102 Waukegan, IL 60085-4304

Lake Zurich Police - Photo Enforcement C/O NCI 3601 Algonquin Rd Ste 232 Rolling Meadows, IL 60008-3106

Lynktec, Inc 1230 Karl Ct Unit B Wauconda, IL 60084-1081 Macy's PO Box 8053 Banruptcy Processing Mason, OH 45040-0000

Nordstrom PO Box 13589 Scottsdale, AZ 82567-0000

Robert Martin 2 Bent Tree Ct Hawthorn Woods, IL 60047-8527

Shahid IIahi MD SC 22285 N Pepper Rd Ste 303 Lake Barrington, IL 60010-2541

Synchrony Bank
PO Box 965060 Attn: Bankruptcy Dept
Orlando, FL 32896-0000

TMobile
PO Box 53410
Bellevue, WA 98015-0000

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. $_{B201B\;(Form 201B},17\bar{2},25347$

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Rotated PDF Page 67 of 72 United States Bankruptcy Court

Northern District of Illinois, Eastern Division

IN RE:	Case No
Martin, Robert P. & Ghiglieri, Joan M.	Chapter 7
Debtor(s)	
CERTIFICATION OF NOTICE TO CO UNDER § 342(b) OF THE BANK	
Certificate of [Non-Attorney] Bankrup	A D-424 D
Certificate of [Non-Attorney] Bankrup	tcy Petition Preparer
(, the [non-attorney] bankruptcy petition preparer signing the debtor's petition	•
I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition notice, as required by § 342(b) of the Bankruptcy Code. Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	•
f, the [non-attorney] bankruptcy petition preparer signing the debtor's petition notice, as required by § 342(b) of the Bankruptcy Code. Printed Name and title, if any, of Bankruptcy Petition Preparer	, hereby certify that I delivered to the debtor the attached Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Martin, Robert P. & Ghiglieri, Joan M.	X /s/ Robert P. Martin	8/24/2017	
Printed Name(s) of Debtor(s)	Signature of Debtor	Date	
Case No. (if known)	X /s/ Joan M. Ghiglieri	8/24/2017	
	Signature of Joint Debtor (if any)	Date	

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In	re _ Martin, Robert P. & Ghiglieri, Joan M.		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	SATION OF ATT	ORNEY FOR I	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or	of the petition in bankrupto	ey, or agreed to be pai	d to me, for services rende	ered or to
	For legal services, I have agreed to accept		\$	2,835.00	
	Prior to the filing of this statement I have received		\$	1,435.00	
	Balance Due		\$	1,400.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compens firm.	sation with any other perso	on unless they are men	mbers and associates of m	y law
	☐ I have agreed to share the above-disclosed compensatio copy of the agreement, together with a list of the names				firm. A
5.	In return for the above-disclosed fee, I have agreed to rende	er legal service for all aspe	ects of the bankruptcy	case, including:	
	a. Analysis of the debtor's financial situation, and renderingb. Preparation and filing of any petition, schedules, statemedc. Representation of the debtor at the meeting of creditors andd. [Other provisions as needed]	ent of affairs and plan whi	ch may be required;		tcy;
6.	By agreement with the debtor(s), the above-disclosed fee de	oes not include the followi	ng service:		
	C	CERTIFICATION			
this	I certify that the foregoing is a complete statement of any as bankruptcy proceeding.	greement or arrangement f	For payment to me for	representation of the debt	or(s) in
	August 24, 2017	/s/ Paul Idlas			
	Date	Paul Idlas Signature of Attorn Paul Idlas	ney		
		1099 N Corporat Grayslake, IL 60			
		_paul@idlas.com	l		
		Name of law firm			

BANKRUPTCY RETAINER AGREEMENT

CLIENT: Robert Martin + Joan Ghiglieri

CLIENT has retained the services of PAUL R. IDLAS, Attorney, to represent CLIENT with respect to a Chapter 7 Bankruptcy Petition.

Section A:

PAUL R. IDLAS will provide the legal services necessary to file the Chapter 7 Bankruptcy Petition, including but not necessarily limited to the following:

- 1. Consult with CLIENT with respect to CLIENT'S financial situation and the advantages and disadvantages of filing a Chapter 7 Bankruptcy Petition and advise of the possibilities of filing a bankruptcy petition under either Chapter 11, 12, or 13;
- 2. Discuss with CLIENT possible alternatives to filing a Bankruptcy Petition;
- 3. Obtaining information from CLIENT necessary to file a Chapter 7 Bankruptcy Petition, Schedules, Statement of Financial Affairs, and other documents required by the Court:
- 4. Advise CLIENT with respect to CLIENT'S attendance and testimony at the Section 341 Meeting with the Trustee;
- 5. Attend the Section 341 Meeting with the Trustee;
- 6. File amended schedules and amended answers to the Statement of Financial Affairs if necessary or advisable;
- 7. Advise the CLIENT with respect to reaffirmations of debts and/or redemptions of property;
- 8. Advise and represent CLIENT with respect to Motions to Lift Automatic Stay if any are brought by creditor and appear in Court to present any meritorious defenses that CLIENT may have;

Section B:

CLIENT agrees to retain the services of PAUL R. IDLAS, Attorney, as described above, and further agrees to:

- 1. Provide PAUL R. IDLAS with the information he deems necessary in his professional opinion to prepare the Chapter 7 Bankruptcy Petition, including but not limited to:
 - a. Full disclosure of all assets and liabilities;
 - b. Valuation of assets:
 - c. Names, addresses, account numbers and amounts owed to each creditor;
 - d. Truthful answers to the questions contained in the Statement of Financial Affairs.
- 2. Pay PAUL R. IDLAS the sum of \$__2835. or prior to the filing of the Chapter 7 Bankruptcy Petition. The above amount is allocated as follows:

-Attorney Fee:

\$ <u>2500.00</u>

-Filing Fee

\$335.00

- 3. If CLIENT fails to provide all creditors, CLIENT agrees to pay \$130.00 (\$30.00 filing fee, \$100.00 preparation fee) per addition filing if additional creditors are to be added after case has been filed.
- 4. If CLIENT does not complete the Personal Financial Management Class prior to bankruptcy discharge and provide us with the certificate, CLIENT will be obligated to pay an additional \$410.00 (\$260 filing fee, \$150.00 preparation fee) fee to re-open their case.

Section C:

There are some matters that are specifically not covered by this fee stated in this Agreement. These issues do not typically arise in most Chapter 7 proceedings. This Agreement does not provide for representation of Client by PAUL R. IDLAS for the following:

- Representing CLIENT in any Adversarial Proceeding including by not limited to
 prosecuting or defending a Complaint to Determine Dischargeability of Debt,
 defending an Object to Discharge brought against CLIENT and appealing an Order or
 Judgment which was entered against CLIENT.
- 2. Defending CLIENT against any complaint or action brought by the Trustee to avoid or to recover any transfer of property which CLIENT made prior to the filing of the Chapter 7 Petition.

3. Defending CLIENT against any complaint or action brought by the Trustee for CLIENT'S failure to turn over property claimed to be non-exempt by the Trustee.

If PAUL R. IDLAS does agree to represent CLIENT with respect to those matters described above, CLIENT and PAUL R.IDLAS shall enter into a separate representation and fee agreement for those services.

Section D:

CLIENT agrees to the following:

Because of scheduling conflicts, PAUL R. IDLAS may be unable to appear at a
Section 341 Meeting or Court hearing as described in Section A above. PAUL R.
IDLAS may have other attorneys of his choice appear to represent CLIENT at such
meeting or hearing. There shall be no extra charge to CLIENT for the services of any
attorney appearing in such instance

CLIENT acknowledges that this Bankruptcy Retainer Agreement has been explained to CLIENT, read by CLIENT, understood by CLIENT and that the blanks in Section B have been filled in.

Date: X- 2

CLIENT

CI IENT

A Profit of Carlo (機能) A Profit Server の はずに、おきに、はず独物(* Person)につか で表し、からから、 Server にしょうしょう (A Person Server) でんこう まかり でき

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